

# Transient Merchant License Application

Type of Applicant: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation  Business Name _____ Start date ___/___/___ to End date ___/___/___ Location of event: _____	<b>Application Number: LCSP20</b> _____  <b>All applicants must apply in person for an ID photo.          Allow 7 working days to process.          Transient Merchant License is valid for 3 consecutive days.</b>
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Description of Merchandise to be sold:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Individual</b>	Name _____ Phone (____) _____ - _____ First                 Full Middle                 Last                 Maiden                                                 Date of birth _____  Address(es) at which you have lived during the preceding five years: Address _____ City _____ State _____ Zip _____ Address _____ City _____ State _____ Zip _____  Height _____ Weight _____ Color of Hair _____ Color of Eyes _____ Place of Birth _____ Date of Birth _____ Are you a U.S. Citizen? Yes _____ No _____                                                 Are you over 18? Yes _____ No _____ If yes, but your birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship or current U.S. Passport. If no, present proof of Immigration/employment status.
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<b>Partnership</b>	<b>General Partners:</b> Name _____ Phone (____) _____ - _____ First                 Full Middle                 Last                 Maiden                                                 Date of birth _____ Address _____ City _____ State _____ Zip _____  Name _____ Phone (____) _____ - _____ First                 Full Middle                 Last                 Maiden                                                 Date of birth _____ Address _____ City _____ State _____ Zip _____
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(Office Use Only)	
Date Application received _____	Photo _____
Payment entered (4 digits) _____	ID _____
Call for Pick up _____ Mail _____	Citizenship _____

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<b>Corporation</b>	<b>State of Incorporation</b> _____
	<b>President</b>
	Name _____ Phone (____) _____ - _____ First                    Full Middle                    Last                    Maiden                                            Date of birth _____
	Address _____ City _____ State _____ Zip _____
	<b>Vice President</b>
	Name _____ Phone (____) _____ - _____ First                    Full Middle                    Last                    Maiden                                            Date of birth _____
	<b>Secretary</b>
	Name _____ Phone (____) _____ - _____ First                    Full Middle                    Last                    Maiden                                            Date of birth _____
	Address _____ City _____ State _____ Zip _____
	<b>Treasurer</b>
	Name _____ Phone (____) _____ - _____ First                    Full Middle                    Last                    Maiden                                            Date of birth _____
	Address _____ City _____ State _____ Zip _____

**Has applicant, any officer or partner been convicted of a crime other than a minor traffic offense?**  
*If yes, provide the dates and outcome of such investigation.*  Yes  No

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**Has applicant, any officer or partner been the subject of an investigation by any consumer protection agency, state attorney general, better business bureau or similar group?**  
*If yes, list date and type of investigation, agency or office conducting investigation and outcome.*  Yes  No

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**Has applicant applied for and received a license pursuant to Minnesota Statutes, Section 329.11?**  Yes  No

**Has applicant, any officer or partner had a registration, license and/or ID card for transient merchant revoked or denied by the City of Bloomington or any other governmental body in the three years before this application date?** *If yes, explain.*  Yes  No

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The data on this form will be used to approve your license. Some requested data may be private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

The Bloomington Transient Merchant, Chapter 14, is available online at [BloomingtonMN.gov](http://BloomingtonMN.gov). It is important to become familiar with the City Code.

*I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Bloomington to investigate and make whatever inquiries that are necessary to verify the information provided.*

**Manager of the Event:** \_\_\_\_\_ **Date Signed** \_\_\_\_/\_\_\_\_/\_\_\_\_